

INSTRUCTIONS FOR THE USE AND PURPOSE OF THIS FORM ARE CONTAINED IN BUMEDINST 6120.20 SERIES.
THIS FORM SHALL NOT BE USED FOR PROCEDURES PERFORMED FOR CLINICAL OR THERAPY PURPOSES.

DEFINITION OF COMPETENCE FOR DUTY

FOR PERSONS IN THE NAVAL SERVICE: The ability to perform fully the naval duties to which the individual normally would be assigned. (Note: A person who has indulged in intoxicating beverages, narcotics or dangerous drugs to such an extent as to impair sensibly the rational and full exercise of his mental and physical faculties cannot be entrusted with the duties incident to naval service. The fact that the person is in a patient, leave, or liberty status is immaterial to the determination of his competence to perform his naval duties.)
FOR ALL OTHERS: The mental and physical ability to perform fully any task or service which the individual may normally be expected to perform.

INSTRUCTIONS

- 1. Items 1-12 shall be completed in duplicate by the commanding officer or other proper authority requesting examination.
- 2. Items 13-48 shall be completed by medical officer conducting examination. Under item 13, History, included information provided by examinee as to ingestion and quantity of alcoholic beverage, narcotic, drug substance, or food, and time taken. Note any evidence of disease or injury (other than the condition promoting this examination) in item 16.
- 3. When conducting an examination for competence for duty and individual is accused or suspected of an offense, comply with BuMedInst 6120.20 series.
- 4. All treatment provided at the time of examination shall be entered on form NAVMED 6150/3, Sick Call Treatment Record.

A. REQUEST FOR EXAMINATION

1. TO: 2. DATE 3. TIME (Hours)

It is requested that a physical examination be given the following individual to determine competence for duty.

4. NAME (Last, first, middle) 5. GRADE OR RATE 6. DUTY STATION

7. REASON FOR REFERRAL

Check here if laboratory analysis is desired.

8. SIGNATURE (Requester) 9. GRADE OR RATE 10. TITLE
11. NAME OF REQUESTER (Typewrite or print in ink) 12. DUTY STATION

B. CLINICAL EXAMINATION

13. HISTORY

14. GENERAL APPEARANCE (Include appearance of clothing) 15. MENTAL STATE

16. DISEASES OR INJURIES (Other than the condition prompting this examination, per inst. 2 above)

17. TEMPERATURE 18. PULSE (Rate and character)
19. BLOOD PRESSURE
20. FACE (Flushed, pallid, cyanotic) 21. TONGUE
22. BREATH
23. SKIN (Warm, cool, moist, dry, pale) 24. SPEECH (Thick, slurred, ability to report words such as Merciful, Pedestrian, Peter Piper)
25. EYES (Site of pupils, reaction to light, conjunctive, etc.)

26. OTHER CONDITIONS		27. SAMPLE OF HANDWRITING
VOMITING		
INCONTINENCE OF URINE		
INCONTINENCE OF FECES		

C. NEUROLOGICAL EXAMINATION

28. REFLEXES		29. COORDINATION	
HYPERACTIVE	FINGER TO NOSE	ROMBERG TEST	
HYPOACTIVE	HEEL TO KNEE		
TREMOR	ABILITY TO APPROACH AND PICK UP OBJECT FROM THE FLOOR	GAIT	

D. LABORATORY EXAMINATIONS (if requested in Part A):

30. BLOOD ANALYSIS (Name of test and results expressed as mgm per ml or in other standard units)	31. TIME TAKEN (HOUR)	33. OTHER TESTS (Gastric contents, urine, etc.)	34. TIME TAKEN (HOUR)
	32. DATE		35. DATE
36. SPECIMEN OBTAINED BY (Name of person)		37. RESULTS VERIFIED BY (Name of person)	

E. CONCLUSIONS AS TO COMPETENCE FOR DUTY

Check the applicable "YES" or "NO" box to indicate answer.	YES	NO	If the answer to item 38 is NO, also answer items 39 and 40 and indicate in block 43 the approximate time examinee is expected to become competent to return to duty. If the answer to item 39 is YES, describe in block 16 DISEASES or INJURIES. If answer to item 40 is YES describe under block 42.
38. Is examinee competent to perform duty?			
39. Is examinee's condition due to disease or injury?			
40. Is examinee's condition due to the use of drugs or alcohol?			
41. DISPOSITION:			
<input type="checkbox"/> RETURNED TO FULL DUTY <input type="checkbox"/> ADMITTED TO SICKLIST <input type="checkbox"/> RELEASE TO CUSTODY OF (Specify to whom)			

42. REMARKS (All answers should be as brief as possible. Items requiring more space should be continued in this "Remarks" block. Specify item continued.)

F. RESPONSE TO REQUESTER

In accordance with the request in Section A, the individual has been examined as set forth above to determine competence for duty.

A signed copy of this report is being inserted in the Health Record of the individual.

43. THE INDIVIDUAL

☐ HAS      ☐ HAS NOT RECEIVED A COPY OF THIS REPORT.

44. SIGNATURE (Examiner)	45. GRADE OR RATE	46. DUTY STATION	47.
48. NAME (Typewrite)			TIME _____ DATE _____